



# PATH

## Annual Report Survey FY 2004

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**Reporting Burden For Local Providers using the Web Survey:** 31 hours per annual response, including time for becoming familiar with the form and reporting requirements, obtaining client and activity data, aggregating the data, recording the data onto preliminary forms, recording the data onto the official form, reviewing the data for accuracy, validating the data, and revising the data in response to state review.

OMB No. 0930-0205  
Exp. Date: 1/31/06

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0205); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is (0930-0205).

### The PATH Program ID# 9000

Help can be found by going to the instructions section [here](#).

If you need to make modifications to your provider name please email Margaret Lassiter [here](#) or call (518) 439-7415 ext 230.

For FY Beginning:  (mm/dd/yy)

For FY Ending:  (mm/dd/yy)

\* Contact Person:

E-mail:

Phone:

Fax:

\* The **Contact Person** should be the person to be contacted to answer any questions about the data. Please provide his/her phone, fax and email address, if available. S/he **may or may not** be the principal PATH contact for the PATH provider.

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Survey Information for: **The PATH Program** - ID# 9000

### Table A: Budget Information

**A1. Total** annual dollar amount for services dedicated to persons who are homeless and have serious mental illnesses (includes PATH, matching, and non-PATH funds).

☒ Estimated☐ Actual[Help](#)

**A2. Federal** PATH funds received from the State:

☒ Estimated☐ Actual[Help](#)

**A3. Matching** funds from State, local, or other resources to support the provision of PATH services:

☒ Estimated☐ Actual[Help](#)

**A4.** Indicate the number of **staff** persons supported by federal PATH funds:

☒ Estimated☐ Actual[Help](#)

**A5.** Indicate the full time equivalent (**FTE**) of staff positions supported by federal PATH funds: *(Please see the definition of FTE in the [PATH Annual Report Provider Guide](#))*

☒ Estimated☐ Actual[Help](#)

**A6.** Indicate the **type of organization** in which the PATH program operates:

[Help](#)

- ☐ a. community mental health center
- ☐ b. consumer-run mental health agency
- ☐ c. other mental health agency
- ☐ d. other social service agency
- ☐ e. health care for homeless/other health agency
- ☐ f. substance abuse treatment agency
- ☐ g. shelter or other temporary housing resource
- ☐ h. other housing agency
- ☐ i. other

If other please specify:

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Survey Information for: **The PATH Program - ID# 9000**

### Table B: Persons Served

To the extent possible, the annual reporting information should include **unduplicated counts** of persons during the fiscal year. Information on persons served should also include individuals who had been, but are no longer receiving services from the provider. Please use the definition for "PATH client" provided in the [PATH Annual Report Provider Guide](#). Please note that in this report, unless otherwise noted, report data on services provided, and persons served, by **federal**, not matching, PATH funds.

**B1.** Persons Who are Homeless and have Serious Mental Illnesses Served by **Federal and Matching PATH Funds and Other Sources.**

[Help](#)☒ Estimated☐ Actual

**B2a.** Persons Served by **Federal** PATH Funds -- **Outreach.**

[Help](#)☒ Estimated☐ Actual

**B2b.** Number of **Outreach** Contacts who Became **Enrolled** During the Year as PATH Clients.

[Help](#)☒ Estimated☐ Actual

**B2c.** Number of **Outreach** Contacts who **Do Not Become Enrolled** During the Year as PATH Clients *(Note: Item B2c = Item B2a - Item B2b)*

[Help](#)☒ Estimated☐ Actual

**B2d.** Number of Outreach Clients (in Item B2c above) **Not Enrolled** Because They have been Found to be **Ineligible.**

[Help](#)☒ Estimated☐ Actual

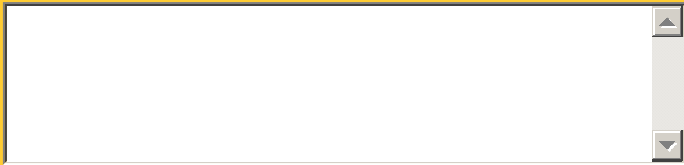
**B3.** Persons Served by **Federal** PATH Funds -- **Enrolled PATH Clients.**  
*(Table B, Item B3)*

[Help](#)☒ Estimated☐ Actual

**B4.** **Total Number** of Persons Receiving Any **Federal** PATH-Supported Services During the Year.  
*(Note: Item B4 = Item B2c + Item B3)*

[Help](#)☒ Estimated☐ Actual

Please explain any items for which you received warnings in the box below.  
Please reference the item number(s).

An empty rectangular box with a white background and a thin black border. On the right side of the box, there is a vertical scrollbar with a grey track and a white slider.

Save / Update Data and Move to Next Page



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Survey Information for: **The PATH Program** - ID# **9000**

### Table C: Available Services

The following services can be supported with PATH funds. Few PATH providers offer all of these services.

Please check the appropriate type of funding for each service. **If the service is fully or partially PATH funded**, please indicate the number of enrolled PATH clients who received each PATH funded service in the box to the right. If the service is not PATH funded or not provided enter zero (0) for number of clients. *All numbers must be less than or equal to the number of enrolled PATH clients reported in Table B.*

Number of **Enrolled PATH Clients** Reported in Table B, Item 3 = **0**

Type of Service:	Number of Enrolled PATH Clients
<b>Ca. Outreach services:</b>	<b>Ca1.</b>
<input type="radio"/> 100% PATH-Funded	<input type="text" value="0"/>
<input type="radio"/> Partially PATH-Funded	
<input type="radio"/> Service Provided but not PATH-Funded	
<input type="radio"/> Service Not Provided	
<b>Cb. Screening and diagnostic treatment services:</b>	<b>Cb1.</b>
<input type="radio"/> 100% PATH-Funded	<input type="text" value="0"/>
<input type="radio"/> Partially PATH-Funded	
<input type="radio"/> Service Provided but not PATH-Funded	
<input type="radio"/> Service Not Provided	
<b>Cc. Habilitation and rehabilitation services:</b>	<b>Cc1.</b>
<input type="radio"/> 100% PATH-Funded	<input type="text" value="0"/>
<input type="radio"/> Partially PATH-Funded	
<input type="radio"/> Service Provided but not PATH-Funded	
<input type="radio"/> Service Not Provided	
<b>Cd. Community mental health services:</b>	<b>Cd1.</b>
<input type="radio"/> 100% PATH-Funded	<input type="text" value="0"/>
<input type="radio"/> Partially PATH-Funded	
<input type="radio"/> Service Provided but not PATH-Funded	
<input type="radio"/> Service Not Provided	

**Ce. Alcohol or drug treatment services:**

**Ce1.**

- ☐ 100% PATH-Funded ☐ Partially PATH-Funded
- 
- ☐ Service Provided but not PATH-Funded ☐ Service Not Provided

0

**Cf. Staff training, including the training of individuals who work in shelters, MH clinics, SA programs, and other sites:**

- ☐ 100% PATH-Funded ☐ Partially PATH-Funded
- 
- ☐ Service Provided but not PATH-Funded ☐ Service Not Provided

**Cg. Case management services:**

**Cg1.**

- ☐ 100% PATH-Funded ☐ Partially PATH-Funded
- 
- ☐ Service Provided but not PATH-Funded ☐ Service Not Provided

0

**Ch. Supportive and supervisory services in residential settings:**

**Ch1.**

- ☐ 100% PATH-Funded ☐ Partially PATH-Funded
- 
- ☐ Service Provided but not PATH-Funded ☐ Service Not Provided

0

**Ci. Referrals for primary health services, job training, educational services, and relevant housing services:**

**Ci1.**

- ☐ 100% PATH-Funded ☐ Partially PATH-Funded
- 
- ☐ Service Provided but not PATH-Funded ☐ Service Not Provided

0

**Cj1. Housing services: 1. Minor renovation, expansion, and repair of housing:**

**Cj11.**

- ☐ 100% PATH-Funded ☐ Partially PATH-Funded
- 
- ☐ Service Provided but not PATH-Funded ☐ Service Not Provided

0

**Cj2. Housing services: 2. Planning of housing:**

**Cj21.**

- ☐ 100% PATH-Funded ☐ Partially PATH-Funded
- 
- ☐ Service Provided but not PATH-Funded ☐ Service Not Provided

0

**Cj3. Housing services: 3.** The costs associated with matching eligible homeless individuals with appropriate housing situations:

**Cj31.**

☐ 100% PATH-Funded ☐ Partially PATH-Funded

0

☐ Service Provided but not PATH-Funded ☐ Service Not Provided

**Cj4. Housing services: 4.** Technical assistance in applying for housing assistance:

**Cj41.**

☐ 100% PATH-Funded ☐ Partially PATH-Funded

0

☐ Service Provided but not PATH-Funded ☐ Service Not Provided

**Cj5. Housing services: 5.** Improving the coordination of housing services:

**Cj51.**

☐ 100% PATH-Funded ☐ Partially PATH-Funded

0

☐ Service Provided but not PATH-Funded ☐ Service Not Provided

**Cj6. Housing services: 6.** Security deposits:

**Cj61.**

☐ 100% PATH-Funded ☐ Partially PATH-Funded

0

☐ Service Provided but not PATH-Funded ☐ Service Not Provided

**Cj7. Housing services: 7.** One-time rental payments to prevent eviction:

**Cj71.**

☐ 100% PATH-Funded ☐ Partially PATH-Funded

0

☐ Service Provided but not PATH-Funded ☐ Service Not Provided

**Ck. Other:**

**Ck1.**

☐ 100% PATH-Funded ☐ Partially PATH-Funded

0

☐ Service Provided but not PATH-Funded ☐ Service Not Provided

**Cko** If other, please specify:

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Survey Information for: **The PATH Program - ID# 9000**

### Table D: Demographics

Include as much demographic information as is available on each **enrolled PATH client**. If demographic information is not available for certain data elements, enter the clients into the "Unknown" category for that data element. Some elements could change (i.e., age). Where available, information should show the status of the person at **first contact**, even if the first contact occurred in a prior fiscal year. However, for persons who have enrolled, left and then re-entered the service system, indicate status upon re-entry.

*Total sum for each category (e.g. age) must be equal to Table B, Item B3. Your entered Value = 0*

#### D1ea. Age:

D1a.	Less than 13 years:	<input type="text" value="0"/>
D1b.	13-17 years:	<input type="text" value="0"/>
D1c.	18-34 years:	<input type="text" value="0"/>
D1d.	35-49 years:	<input type="text" value="0"/>
D1e.	50-64 years:	<input type="text" value="0"/>
D1f.	65-74 years:	<input type="text" value="0"/>
D1g.	75 years and older:	<input type="text" value="0"/>
D1h.	Unknown:	<input type="text" value="0"/>

Numbers Reported are:

☒ Estimated

☐ Actual

#### D2ea. Gender:

D2a.	Male	<input type="text" value="0"/>
D2b.	Female	<input type="text" value="0"/>
D2c.	Unknown	<input type="text" value="0"/>

Numbers Reported are:

☒ Estimated

☐ Actual

#### D3ea. Race/Ethnicity:

D3a.	American Indian or Alaska Native	<input type="text" value="0"/>
D3b.	Asian	<input type="text" value="0"/>
D3c.	Black or African American	<input type="text" value="0"/>
D3d.	Hispanic or Latino	<input type="text" value="0"/>
D3e.	Native Hawaiian or Other Pacific Islander	<input type="text" value="0"/>
D3f.	White	<input type="text" value="0"/>
D3g.	Other	<input type="text" value="0"/>
D3go	If other, please specify:	<input type="text"/>

Numbers Reported are:

☒ Estimated

☐ Actual

**D3h.** Unknown

0

**D4ea. Principal Mental Illness Diagnosis:**

**D4a.** Schizophrenia and Related Disorders

0

**D4b.** Other Psychotic Disorders

0

**D4c.** Affective Disorders

0

**D4d.** Personality Disorders

0

**D4e.** Other Serious Mental Illness

0

**D4f.** Unknown or Undiagnosed Mental Illness

0

Numbers Reported are:

☒ Estimated

☐ Actual

**D5ea. Co-occurring Substance Use Disorders:**

**D5a.** Co-Occurring Substance Use Disorders

0

**D5b.** No Co-Occurring Substance Use Disorders

0

**D5c.** Unknown If Substance Use Disorder

0

Numbers Reported are:

☒ Estimated

☐ Actual

**D6ea. Veteran Status:**

**D6a.** Veteran

0

**D6b.** Non-Veteran

0

**D6c.** Unknown

0

Numbers Reported are:

☒ Estimated

☐ Actual

**D7ea. Housing Status (at first contact):**

**D7a.** Outdoors (e.g., street, abandoned or public building, automobile)

0

**D7b.** Short term shelter

0

**D7c.** Long term shelter.

0

**D7d.** Own or someone else's apartment, room, or house

0

**D7e.** Hotel, SRO, boarding house

0

**D7f.** Halfway house, residential treatment program

0

**D7g.** Institution (psychiatric or other hospital, nursing home, etc.)

0

**D7h.** Jail or correctional facility

0

**D7i.** Other

0

**D7j.** Unknown

0

Numbers Reported are:

☒ Estimated

☐ Actual

**D8ea. Length of time living outdoors or in short term shelter at first contact:**

*(Total sum for this item must be equal to D7a+D7b).*

**D8a.** Less than 2 days

0

**D8b.** Two to 30 days

0

**D8c.** 31-90 days

0

**D8d.** 91 days to 1 year

0

**D8e.** Over 1 year

Numbers Reported are:

☒ Estimated

☐ Actual

D8f. Unknown

D8f1. Date data entry completed.

(mm/dd/yy)

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### Next Step Validate Your Entries

When you have finished entering data into the survey form **please click on the button below to run** the validation program which will check that your entries meet the requirements outlined in the instructions.

If you receive any errors you may go to the corresponding table(s) by clicking on the buttons at the top of this page. Please make sure to click on **"Save / Update Data and Move to Next Page" buttons** at the bottom of each page in order for modifications to be sent to the database.

The PATH Program ID# 9000

[I'm Done, Validate My Entries](#)

This may take a few minutes so please be patient.